

## City of Annapolis Office of the City Clerk 160 Duke of Gloucester Street Annapolis, MD 21401-2517

<u>Elections@annapolis.gov</u> • 410-263-7929 • Fax 410-280-1853 • TDD use MD Relay or 711 • <u>www.annapolis.gov</u>
The Board of Supervisors of Elections reserves the right to modify all 2021City of Annapolis' Municipal Election forms and information as needed to address and comply with the precautions due the COVID-19 Pandemic.

## Petition to File as an Indigent Candidate

## **Board of Supervisors of Elections**

Pet	titioner						
Na	me						
Ado	dress		Annapolis MD Zip				
Phones Home		Work	Ce	II			
Off	fice for which filed						
	e petitioner represents to the estions are true:	e City of Annapolis, Board of Supervisors	s of Elections t	hat the ans	swer to the following		
1.	Where are you employed?						
		Wa					
2.	If unemployed, where last	employed?			When?		
	How long so employed? _	so employed? Wage or salary?					
3.	Name of husband/wife						
	Address						
4.	Where was spouse last en	nployed?					
	When?						
	How long so employed? Wage or salary?						
5.	How much money do you	have (on hand or savings)?					
	Where is this money?						
6.	Do you own an automobile	e or other vehicle?	Yes	No	If yes, continue	below.	
	Year Make	Model	Wr	en purcha	sed?		
		where? Amount owed on vehicle?					
7.	Do you own or are you buy	ying a house or other real property?	Yes	No	If yes, continue	below.	
	Located where?		Yea	ar purchas	ed?		
	Amount paid for property? Amount owed on property?						
8.	Do you own any other type of property (stocks, valuable personal property, etc.)?						
	Describe property						
	Located where?						
9.		f income other than described above? If			state amount of such	1	

income.

10. I have children that I support.	
I do not now have, nor am I able to obtain any funds whatsoever from anyofee.	one for the purpose of paying the required filing
I agree and understand that in the event any monies are contributed to applied to a payment of the required filing fee before they are used for any or	, , ,
I understand that my petition to file as an indigent candidate will be subject Board of Supervisors of Elections.	to review by legal counsel and approval by the
Signature of petitioner	Date
Sworn and Subscribed before me, in my presence, this day of subscriber, a notary public of the State of Maryland, in and for the county of	,, before me, the f Anne Arundel, ( <u>Section 4.20.030A</u> ).
Signature of person authorized to administer oath or Notary Public	My Commission expires